



Patent Application No.: 09/802,911
Attorney Docket No.: 58207.000004

1631 \$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Eric B. ALLEN, et al.)
Serial No.: 09/802,911)
Filed: March 12, 2001)

RECEIVED

JUN 30 2003

TECH CENTER 1600/2900

Art Unit: 1631

Examiner: Marjorie A. Moran

For: SYSTEM AND METHOD FOR SIMULATING CELLULAR BIOCHEMICAL PATHWAYS

TRANSMITTAL LETTER

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/>	Response to Notice to File Missing Parts
<input checked="" type="checkbox"/>	Response to Office Action mailed February 25, 2003
<input type="checkbox"/>	Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental
<input type="checkbox"/>	Submission of Formal Drawings
<input type="checkbox"/>	Informal Drawings: _____ Sheets _____ Figures
<input type="checkbox"/>	Supplemental Information Disclosure Statement, Form PTO SB/08A, copy of International Search Report, and three (3) references
<input type="checkbox"/>	Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	Request for Extension of Time [1] month(s) \$55.00
<input type="checkbox"/>	Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account
<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Request for Oral Hearing
<input type="checkbox"/>	Reply Brief
<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	An additional claim fee is required, and is calculated as shown below
TOTAL FEES BEING SUBMITTED	
\$55.00	

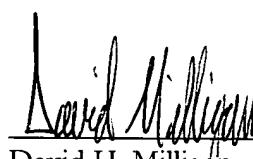
The PTO did not receive the following
listed item(s) A Check of \$ 55.00

	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims			0	x \$18.00	\$
Independent Claims			0	x \$80.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
				TOTAL EXCESS CLAIMS FEE	\$
SMALL ENTITY TOTAL (if applicable)					\$.00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

By:



David H. Milligan
Registration No. 42,893

Date: June 25, 2003

HUNTON & WILLIAMS LLP
Intellectual Property Department
1900 K Street, N.W.
Suite 1200
Washington, D.C. 20006-1109
(202) 955-1500 (telephone)
(202) 778-2201 (facsimile)

